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TOTAL CLAIMS (Column 1) (Column 2)						7	TYPE		'	OR	SMAL	L ENTIT	Y
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MULTIPLE DEPENDENT CLAIM PRESENT							+145-	T		OR	+290=	1/	7
* If the difference in column 1 is less than zero, enter "0" in column 2							TOTA	4	 	DR DR	TOTAL	- <i>W</i>	#
4-29-05 (Column 1) (Column 2) (Column 2)								<u> </u>	'ليسد	<i>-</i> ,,,		R THAN	4
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If the entry in ecturin 1 is tess than the entry in column 2, write "O" in column 3.								<i>i</i> .	OR		290=	•	
Within "Highest Number Previously Pabli For" IN THIS SPACE is less than 20, enter "20." At											TOTAL OIT. FEE		1
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4 PTO-675 (Res. 10/03)			-;			Pete	nt and Treatmen	en Offi	. U.S. OC	ANRII	VENTOF	germaje.	Į